

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0171976 AV

04-30-2003 90137 002 \*\*\*150.00

**DOCUMENT # P99000090468**

1. Entity Name  
**MAJOR MEDICAL INDUSTRIES, INC.**



Principal Place of Business  
1590 NW 170TH AVE  
PEMBROKE PINES FL 33028

Mailing Address  
1590 NW 170TH AVE  
PEMBROKE PINES FL 33028

**11029849**



2. Principal Place of Business  
**8161 N.W. 67th STREET**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLA**

City & State

Zip  
**33166**

Country  
**USA**

4. FEI Number **65-0955343**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNOZ, JORGE**  
**1590 NW 170TH AVE**  
**PEMBROKE PINES FL 33028**

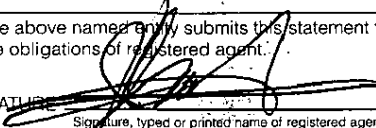
7. Name and Address of New Registered Agent

Name **MUNOZ JORGE**

Street Address (P.O. Box Number is not acceptable)  
**8161 N.W. 67th ST.**

City **MIAMI** State **FL** Zip **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **JORGE R. MUNOZ**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>MUNOZ, JORGE R</b> <b>1590 NW 170TH AVE</b> <b>PEMBROKE PINES FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VSD</b> <b>MUNOZ, VIOLA A</b> <b>1590 NW 170TH AVE</b> <b>PEMBROKE PINES FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>MUNOZ, JORGE R.</b> <b>8161 N.W. 67th ST.</b> <b>MIAMI FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VSD</b> <b>VIOLA A. MUNOZ</b> <b>8161 N.W. 67th ST.</b> <b>MIAMI, FLA. 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** **305-594-5950**

Date Daytime Phone #

CR2E034 (10/02)